

05-04-05

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/779,470
Filing Date	02/13/2004
First Named Inventor	Frank Hofmann
Art Unit	3679
Examiner Name	Eric K. Nicholson
Attorney Docket Number	0329-0055

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Other Enclosures: - Cited References (Foreign) - PTO/SB/08A (3 Pages) - Return Postcard		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.		
Signature			
Printed name	Andrew G. Kolomayets		
Date	05/03/2005	Reg. No.	33,723

**CERTIFICATE OF TRANSMISSION/MAILING EV 459444107 US**

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Signature			
Typed or printed name	Max Castro	Date	05/03/2005

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PTO/SB/17 (12-04v2)

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NAME: Max Castro

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 740.00

## Complete if Known

Application Number 101779,470

Filing Date 02/13/2004

First Named Inventor Frank Hofmann

Examiner Name Eric K. Nicholson

Art Unit 3679

Attorney Docket No. 0329-0055

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: 50/1039 Deposit Account Name: Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)  
50

Small Entity Fee (\$)  
25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)  
16 - 20 or HP = 0 x 50.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
4 - 3 or HP = 1 x 200.00 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)  
360.00 360.00

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = / 50 = (round up to a whole number) x =

### 4. OTHER FEE(S)

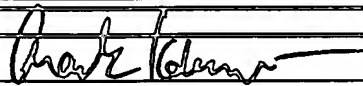
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement and Independ. & Multiple Dependent Claims 740.00

## SUBMITTED BY

Signature



Registration No. 33,723  
(Attorney/Agent)

Telephone 312-236-8500

Name (Print/Type) Andrew G. Kolomayets

Date 05/03/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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